

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL069002	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/28/2016
NAME OF PROVIDER OR SUPPLIER THE GARDENS OF PAMLICO		STREET ADDRESS, CITY, STATE, ZIP CODE 22 MAGNOLIA WAY GRANTSBORO, NC 28529		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments This report is of a Followup Survey done by Bob Getchell on July 28, 2016. The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.	{C 000}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 3-Based on observations, the facility fire protection equipment was not maintained in a safe manner by allowing openings in the fire rated roof/ceiling assembly. Followup Findings on July 27, 2016: The entire sprinkler supply piping had been stepped on in the attic which lead to all of the sprinkler heads to have dropped escutcheons and openings in the sheet-rock ceiling at each head penetration that are located in the Blue Wing Hall and Storage Closet. a) Escutcheon missing in SCU b) Escutcheon missing in SCU room 105 Note: Williams Fire Sprinkler to perform sprinkler	{C 189}	The Escutcheon missing in SCU was replaced by Williams Sprinkler System. The Escutcheon missing in SCU room 105 was replaced by Williams Sprinkler System.	7/29/16

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Misty Lewis

Misty Lewis, Executive Director 9/15/16

STATE FORM

6899

S0H123

If continuation sheet 1 of 2

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{C 189}	Continued From page 1 Inspection 7-29-16 and repair. 4-Based on observation, the facility has not maintained the plumbing fixtures for personal bathing. Followup Findings on July 27, 2016: a) There are not any vacuum breakers installed on the spray hose on the Central Bath tubs in the Blue Wing. Note: BMS to come 8-1-16 to repair	{C 189}	Vacuum breakers were installed on the spray hose on the Central Bath tubs in the Blue Wing.	8/1/16	